

EMERGENCY MEDICAL SERVICES AUTHORITY

10901 Gold Center Drive, Ste.400
Rancho Cordova, CA. 95670-6073
(916) 322-4336 FAX (916) 324-2875



INSTRUCTIONS FOR COMPLETING REQUEST FOR LIVE SCAN SERVICE APPLICANT SUBMISSION FORM

As authorized by Health & Safety Code Section 1797.172 all new applicants for licensure as a Paramedic and Paramedics whose licenses have lapsed beyond one year are required to submit fingerprints for a California Department of Justice (DOJ) criminal history check and a Federal Bureau of Investigation (FBI) criminal history check.

The Applicant Live Scan process for the submission of fingerprints and the automated criminal history check and response replaces the blue and white fingerprint card previously used. However, if you are currently living outside California, you must submit rolled fingerprints on the blue and white paper fingerprint card and pay all applicable fees (See Instructions for Completing Fingerprint Card).

You may download a Request for Live Scan Service Applicant Submission Form (BCII 8016) from the DOJ website at http://ag.ca.gov/fingerprints/forms/BCII_8016.pdf or from the EMS Authority's website at www.emsa.ca.gov/paramedic/forms.asp. Please refer to the attached instructions sheet for completing the Request for Live Scan Services Applicant Submission Form. Live Scan terminals where you can go to be fingerprinted are located in sheriffs' offices and police departments throughout the state as well as public applicant Live Scan sites. A list of Live Scan terminal locations can be found on the Internet at the DOJ Live Scan web site at <http://ag.ca.gov/fingerprints/publications/contact.php>.

Fingerprint fees for processing the criminal history check are established by DOJ and may be subject to change. The current nonrefundable fee for this process is \$51 (\$32 for the state and \$19 for the federal background checks) and is payable to the Department of Justice or to the Live Scan Agency doing the fingerprinting. The "rolling fee" for Live Scan fingerprinting, which is separate from the fee for processing the criminal history check(s), is paid directly to the agency conducting the Live Scan fingerprinting. The rolling fee may vary by agency. Many agencies require an appointment, so we encourage you to call the Live Scan equipped agency before having your fingerprints done.

The EMS Authority will receive the results of the criminal history check(s) electronically within seven to ten days of being fingerprinted in most cases. However, if manual processing is required, it may take longer to receive the results and in some rare cases it may take as long as 30 days or more. Once you have been fingerprinted, send the second copy of the Request for Live Scan Service form to the EMS Authority along with your paramedic license application and other required documentation as listed on the back of the Initial License Application.

If you have any questions, please call the Paramedic Program Unit at (916) 323-9875.

IMPORTANT: Please refer to the attached instruction sheet for completing the Live Scan Applicant Submission Form. If the form is not completed correctly, the fingerprints may be rejected by DOJ and you will be required to have your fingerprints taken again (there should be no charges for reprinting rejected fingerprints providing you take the reject notice with you when you go to be reprinted).

INSTRUCTIONS

All areas indicated on form must be filled in with the information noted below. Please type or print information clearly. *TAKE THE ORIGINAL AND TWO COPIES OF THE FORM TO THE LIVE SCAN AGENCY WHEN YOU HAVE YOUR FINGERPRINTS DONE.*

ORI

The ORI number for the EMS Authority is **A0536**.

Job Title or Type of License, Certification or Permit:

Paramedic

Mail Code

The five digit mail code assigned by DOJ is **02531**.

Name of Applicant

Indicate complete name. Last Name, First Name and Middle Initial.

Date of Birth

Indicate month-day-year of birth.

Height

Indicate your height in feet and inches.

Eye Color

Indicate eye color.

Place of Birth

Indicate the state or country of birth.

Driver's License No.

Indicate your California Driver's License Number.

Type of Application

License

Agency Address Set Contributing Agency

Emergency Medical Services Authority
10901 Gold Center Drive, Ste.400
Rancho Cordova, CA. 95670-6073

Contact Telephone Number

(916) 323-9875

Alias

Indicate other names used (i.e., nickname, maiden name and/or alias name{s}).

Sex

Check either Male or Female.

Weight

Indicate your weight in pounds.

Hair Color

Indicate hair color.

SOC

Indicate your Social Security Number.

Level of Service

Check the FBI and DOJ boxes.

Do not fill in any other areas on the Request for Live Scan Applicant Submission Form. Verify that the Live Scan Operator has entered the correct information before transmitting. Verify that the Live Scan Operator has entered the ATI No. in the bottom portion of the Request for Live Scan Service Applicant Submission Form.

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Applicant SubmissionORI: A0536 Type of Application: EMT/PARAMEDIC/MOB INT NURSEJob Title or Type of License, Certification or Permit: Paramedic

Agency Address Set Contributing Agency:

Emergency Medical Services Authority
Agency authorized to receive criminal history information02531

Mail Code (five-digit code assigned by DOJ)

10901 Gold Center Drive, Ste.400
Street No. Street or PO Box

Contact Name (Mandatory for all school submissions)

Rancho Cordova, CA. 95670-6073
City State Zip Code()
Contact Telephone No.Name of Applicant: _____
(please print) Last First MAlias: _____ Driver's License No. _____
Last FirstDate of Birth _____ Sex: ☐ Male ☐ Female Misc No. BIL -

Height: _____ Weight: _____ Misc No. _____

Eye Color: _____ Hair Color: _____ Home Address: _____

Place of Birth: _____
Street or PO BoxSOC: _____
City, State and Zip CodeYour Number: _____
OCA No. (Agency Identifying No.)Level of Service ☐ DOJ ☐ FBI**Paramedic Licensee: YOU MUST have BOTH DOJ & FBI**

If resubmission, list Original ATI No. _____

Employer: (Additional response for agencies specified by statute)

Employer Name _____

Street No. _____ Street or PO Box _____

Mail Code (five digit code assigned by DOJ)

City _____ State _____ Zip Code _____

()
Agency Telephone No. (Optional)Live Scan Transaction Completed By: _____ Date: _____
Name of Operator

Transmitting Agency _____ ATI No. _____ Amount Collected/Billed _____

ORIGINAL-Live Scan Operator; SECOND COPY-Requesting Agency; THIRD COPY-Applicant